

<b>Case Number:</b>	CM14-0206780		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	11/02/2007
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male, who sustained a work related injury on 11/2/07. The diagnoses have included lumbar disc dessication, lumbar facet arthropathy, lumbar radiculopathy, lumbar fusion surgery, and erectile dysfunction. Treatments to date have included caudal epidural steroid injection, oral medications, trigger point injections and MRI of lumbar spine. In the PR-2 dated 10/16/14, the injured worker complains of low back pain with pain that radiates down both legs. The pain is made worse by activity. He rates the pain a 3/10 with medications and a 10/10 without medications. He complains of tenderness to palpation of lower back. Prior attempts at weaning opioids has resulted in increased pain and decreased activity. On 11/6/14, Utilization Review modified prescription requests for Fentanyl patches 75mcg./hr, #10 to Fentanyl patches 75mcg./hr. #5 and Hydrocodone 10mg., #60 to Hydrocodone 10mg., #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 11/6/14, Utilization Review certified a prescription request Viagra 100mg, #10. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Fentanyl 75mg #10:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl/Duragsic Page(s): 47.

**Decision rationale:** According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on the medications for months. The claimant had good pain control on medications and has had chronic high level pain with only short-term benefit from invasive procedures. Weaning of Opioids resulted in decreased function and increased pain. Continued use of Fentanyl is medically necessary.

**Hydrocodone 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. Although the claimant cannot manage with withdrawal of opioids, it is appropriate to continue long-acting opioids such as Fentanyl while using non-opioids for breakthrough pain. It is unknown if a recent trial of using a single long-acting opioid has failed. The continued use of Norco is not medically necessary.